



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Brian N. Tufte

Confirmation No.: 6734

Serial No. 10/074,162

Examiner: Lee, Guiyoung

Filing Date: February 12, 2002

Group Art Unit 2875

For: LIGHTING APPARATUS

Docket: 1076.1101103

**AMENDMENT**

Mail Stop Amendment  
Assistant Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE UNDER 37 C.F.R. 1.8:** I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 20 day of May, 2004.

By: \_\_\_\_\_

Brian N. Tufte

Dear Sir:

This Amendment is being filed in response to the Official Action of the Examiner mailed February 23, 2004, setting a three-month shortened statutory period for response ending May 23, 2004. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

05/25/2004 EAREGAY1 00000135 10074162

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02 FC:2201

54.00 OP  
86.00 OP



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**TRANSMITTAL SHEET**

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE UNDER 37 C.F.R. 1.8:** I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 20th day of May, 2004.

By: \_\_\_\_\_

Brian N. Tufte

We are transmitting herewith the attached:

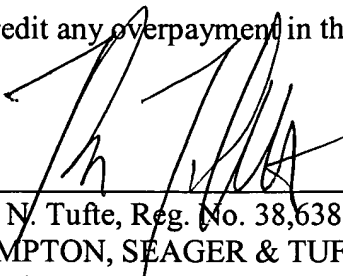
☒ Amendment in response to office action dated February 23, 2004

☒ The fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	32-	26=	6	x9=	\$	x18=	\$54
INDEPEN- DENT CLAIMS	6-	4=	2	x43=	\$	x86=	\$86
( ) FIRST MULTIPLE DEPENDENT CLAIM				+145=	\$	+290=	\$
TOTAL				\$		\$140.00	

[X] A check in the amount of \$ 140.00 is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to  
Deposit Account No. 50-0413.



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